

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## In Re New Patent Application

INVENTOR: Michael Gerard Tovey

TITLE: Therapeutic Applications of High Dose Interferon

Assistant Commissioner for Patents

Box Patent Application

Washington, DC 20231

Sir:

## NEW PATENT APPLICATION TRANSMITTAL LETTER

Transmitted herewith for filing in accordance with 37 CFR 1.53(b) is the above-entitled Patent Application, including the following papers, correspondence and related instructions, as indicated:

☒ Specification (Total pages 39)

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No. 08/853,870.

☒ Oath or Declaration and Power of Attorney

☐ Newly executed (original or copy)

☒ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional application)

☒ Incorporation By Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ The enclosed Oath/Declaration has not been executed by all of the inventors. A fully executed Oath/Declaration will be substituted at a later date, together with the prescribed surcharge.

☐ Nucleotide and/or Amino Acid Sequence Submission

☐ Computer Readable Copy

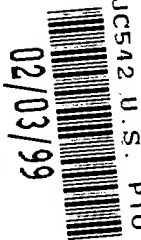
☐ Paper Copy (identical to computer copy)

Applicant hereby certifies that the contents of the paper and the computer readable copies of the Sequence Listing as filed herewith are the same.

☒ Information Disclosure Statement (37 CFR 1.56, 1.97 and 1.98)

☒ As originally filed in prior application

☒ Supplemental IDS



09243030-020399

☒ Preliminary Amendment

☒ Return Receipt Postcard

Please address all future written communications to:

Heller Ehrman White & McAuliffe  
525 University Avenue  
Palo Alto, California 94301-1900

Please address all future telephonic communications to William Schmonsees at (650) 324-7041.

**Deposit Account Authorization**

The required fee is calculated below:

Basic Filing Fee (large entity): .....	\$760.00
Independent claims: <u>6</u> (-3 = <u>3</u> @ \$82 each).....	246.00
Total claims: <u>20</u> (-20 = <u>   </u> @ \$22 each).....	0.00
Multiple Dependency Fee: <u>   </u> @ \$270 each.....	0.00
TOTAL FILING FEE DUE:.....	<u>\$1006.00</u>

☒ Enclosed is a check for \$1,006.00.

☒ Please charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 08-1641. This is not, however, an authorization to pay the issue fee. A duplicate of this document is enclosed.

Respectfully submitted,

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Date: February 3, 1999

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